



Be Clear on Cancer: First national respiratory symptoms campaign, 2016

Caveats: This summary presents the results of the metric on outpatient attendances. This is one of a series of metric summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation of the campaign incorporating a full evaluation of all the metrics is published separately. These metrics should not be considered in isolation.

Outpatient attendances

The campaign

The first national respiratory symptoms campaign ran from 14 July 2016 to 16 October 2016 in England.

The campaign's key messages were:

- 'If you've had a cough for 3 weeks or more, it could be a sign of lung disease, including cancer. Finding it early makes it more treatable. So, don't ignore it, tell your doctor.'
- 'If you get out of breath doing things you used to be able to do, it could be a sign of lung or heart disease, or even cancer. Finding it early makes it more treatable. So, don't ignore it, tell your doctor.'

Key message

The first national respiratory symptoms campaign may have had some impact on the number of outpatient attendances for cardiology, respiratory and general medicine services.

Metric: outpatient attendances

This metric considers whether the first national respiratory symptoms campaign had an impact on the number of outpatient attendances for men and women aged 50 years and over, and for all ages combined, seen under cardiac and respiratory services (namely: cardiology, respiratory and general medicine).

Data was taken from the Hospital Episode Statistics (HES) dataset held by Public Health England. The analysis period was defined as the start of the campaign (week 29 of 2016) to 2 months after the end of the campaign (week 52 of 2016). The numbers of outpatient attendances per week in the analysis period were compared with the same weeks in 2015. The campaign was considered to have had a possible impact if there was a statistically significant¹ difference in the number of attendances between the two periods which was not in line with the long-term trend. A comparison group of outpatient attendances for gastroenterology was used as this should not have been impacted by the campaign messages.

¹ The likelihood ratio test was used to evaluate significance

Results

During the analysis period the numbers of attendances for cardiology, respiratory and general medicine specialties showed a statistically significant increase of 3.3% ($p<0.001$) for people aged 50 years and over, and 2.8% increase ($p<0.001$) for people of all ages, when compared with the same period in 2015. However, there appears to be an increasing long-term trend in the number of these outpatient attendances.

When each specialty was considered separately, a statistically significant difference in the numbers of attendances was observed when comparing the analysis period in 2016 to the same period in 2015, such as:

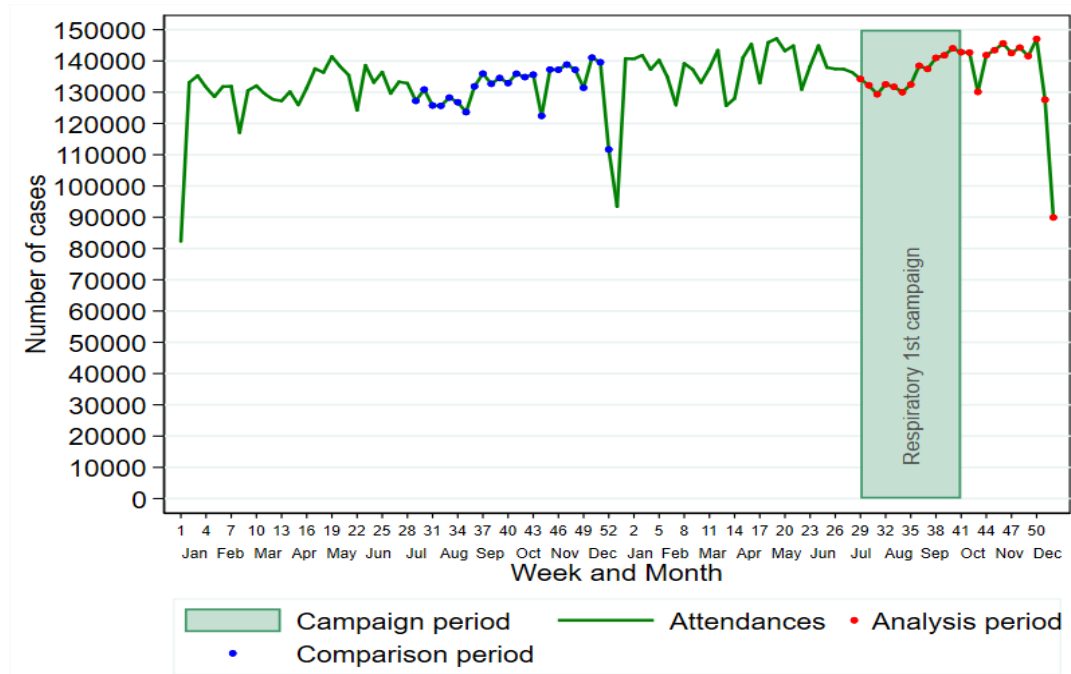
- for cardiology, where there was an 5.9% ($p<0.001$) increase in the number of attendances for people aged 50 years and over – and an 5.8% ($p<0.001$) increase for people of all ages
- for respiratory medicine, which saw an 8.6% ($p<0.001$) increase in the number of attendances for people aged 50 years and over – and an 8.2% ($p<0.001$) increase for people of all ages

In contrast, for general medicine, there was an 2.0% ($p<0.001$) decrease in the number of attendances for people aged 50 years and over and 2.2% ($p<0.001$) decrease for people of all ages. However, these seem to be in line with the long-term trends.

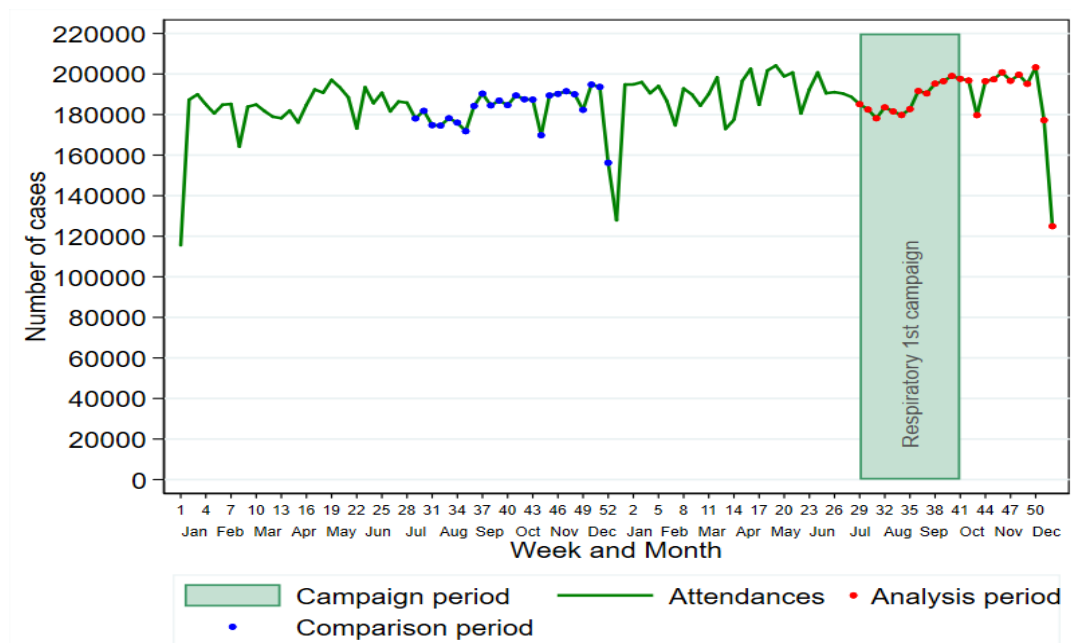
Results for the comparison group based on outpatient attendances at gastroenterology medicine showed a statistically significant increase of 6.2% ($p<0.001$) for people aged 50 years and over and 6.6% ($p<0.001$) for people of all ages.

Figure 1: Number of outpatient attendances at cardiology, respiratory and general medicine in January 2015 to December 2016, England a) 50 and over b) All ages

a) 50 and over



b) All ages



Produced by Public Health England.

Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre.

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Conclusions

There was a statistically significant increase in the number of outpatient attendances to cardiology, respiratory medicine, and general medicine specialties although there was also an increase in attendances at gastroenterology.

The campaign may have had some impact on the number of outpatient attendances to cardiology, respiratory medicine, and general medicine, although this is in line with the long-term trend.

Other metrics being evaluated include cancer waiting times referrals, conversion and detection rate, numbers of cancers diagnosed, stage at diagnosis and one-year survival.

Considerations

In general, cancer incidence is increasing which may have an impact on trends over time for this and other metrics, and so the results must be considered with these underlying trends in mind.

Where the results are statistically significant there is some evidence for an impact of the campaign, although underlying trends and other external factors (for example, other awareness activities, changing referral guidance) may also affect the results.

Campaigns are more likely to have a greater impact on metrics relating to patient behaviour (for example symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (for example urgent GP referrals for suspected cancer), compared to disease metrics (for example incidence, and stage at diagnosis).

Find out more about Be Clear on Cancer at:

www.ncin.org.uk/be_clear_on_cancer

www.nhs.uk/be-clear-on-cancer/